

New Hampshire Association of Certified Public Managers P.O. Box 575 Concord, NH 03302-0575

Membership Application

New Mem	ıber	Renewal
Name:		
Agency: _		
Address: _		
City:	State:	Zip Code:
Phone:	E-mail address:	
Home Add	dress:	
City:	State:	Zip Code:
Phone:		
Please ch	eck one:	
	CPM Graduate, Year	
	Current CPM Student	
	CPS Graduate, Year	
	_ Current CPS Student	
CPM Program Affiliate (Trainer, Mentor, Advisory Board Member)		
Annual Du	ues to NHACPM & AACPM are \$30.00 – F	Payable to: NHACPM
Submit application and dues to: NHACPM		

NHACPM PO Box 575 Concord, NH 03302-0575

